**Performance**

**Report**

**1800 951 822**

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| Name of service: | Dementia Australia - SA |
| Service address: | 27 Conyngham Street GLENSIDE SA 5065 |
| Commission ID: | 600185 |
| Home Service Provider: | Dementia Australia Limited |
| Activity type: | Quality Audit |
| Activity date: | 3 August 2023 to 7 August 2023 |
| Performance report date: | 20 October 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Dementia Australia - SA (**the service**) has been prepared by A. Grant delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Services included in this assessment

**CHSP:**

* Care Relationships and Carer Support, 27262, 27 Conyngham Street, GLENSIDE SA 5065
* Community and Home Support, 27263, 27 Conyngham Street, GLENSIDE SA 5065

# Material relied on

The following information has been considered in preparing the performance report:

* The assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the assessment team’s report received 25 August 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | **Compliant** |
| Requirement 1(3)(b) | Care and services are culturally safe | **Compliant** |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | **Compliant** |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | **Compliant** |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | **Compliant** |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | **Compliant** |

Findings

The service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers and care partners described staff as kind, caring and respectful. Staff and management spoke respectfully about consumers with an understanding of consumers' personal circumstances and described how it influenced their engagement with the advisory service.

The service was able to demonstrate services are culturally safe. Consumers and their care partners sampled described what is important to them and how their services are delivered in a culturally safe way. Staff and management demonstrated an understanding of consumer’s cultural background and described how they ensure services reflect consumers’ cultural needs and diversity.

The service was able to demonstrate how each consumer is supported to exercise choice and decisions about their services, including when others should be involved, communicate their decisions; and make connections with others. Consumers and care partners sampled confirmed the service involves them, and others if they choose, in making decisions about the services they receive. Staff described how consumers and their care partners exercise choice and make decisions through the provision of education, advocacy, and advice they require during the episodic event of service provision. Documentation showed consumers are supported to make choices as part of their initial contact and while services are being delivered.

The service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. Sampled consumers indicated how the services they receive enables them to maintain their independence, safety and live their best life. Staff and management demonstrated how they support consumers and their care partners to make choices and decisions about their services, including activities that may place them at risk, and consult about strategies to manage risks to enable them to live their best life. While management described how integral the concept of dignity of risk is, regarding the service they provide, the service does not have documented guidance for staff.

The service was able to demonstrate that information provided to consumers is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. Sampled consumers and care partners confirmed information is provided to them verbally and in writing when they first access the services and when they require additional education and advice. Staff and management described how the service provided is predominately based on the provision of information and advice, and staff are guided by the consumer and care partner regarding the manner in which they receive it.

The service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers and care partners interviewed described how staff provide a safe and confidential space at the carer support groups and were respectful of their personal information. The service demonstrated they have effective systems in place to protect consumers’ privacy and personal information.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | **Compliant** |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | **Compliant** |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | **Compliant** |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | **Compliant** |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | **Compliant** |

Findings

The service was able to demonstrate that current assessment and planning informs the delivery of safe and effective care and services. Consumers and/or care partners sampled confirmed in various ways that consumer assessments were completed, their goals and service needs were discussed, and were planned to meet their health and well-being needs. Management advised they self-identified deficiencies within the goal planning process and are in the process of implementing improvements to assess consumer goals and risks at commencement of services. Goal planning documentation viewed for sampled consumers evidenced that, whilst some assessment and planning included consideration of risks to inform safe care and services delivery, goal planning and risk assessments were not consistently documented by staff using a standardised format, noting, training is underway to improve this aspect of goal planning.

The service was able to demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care and end of life planning if the consumer wishes. Consumers and/or care partners sampled confirmed in various ways that assessment and planning identified consumers’ current care and service’s needs, goals and preferences. Staff described how conversations with consumers and/or their care partners about what is important to them informed delivery of care and services. Goal planning documents viewed showed that needs, goals and preferences had been discussed with consumers and documented, including in relation to advanced care directives.

The service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and those who they wish to be involved. Consumers and/or care partners confirmed they are involved in assessment and planning of the services they receive, and staff described how consumers, care partners and others are involved in assessment, planning and development of an individualised service program. Documentation viewed for sampled consumers demonstrated information is collected from other health professionals to guide their assessment and planning process.

The service was able to demonstrate the outcomes of the assessment and planning processes are communicated to consumers and documented in a goal plan, readily available to consumers and where care and services are provided. Some consumers and/or care partners could not recall being offered a goal plan, however, they confirmed that information was provided to them about the consumer’s care and services. Staff described how outcomes from assessment and planning are documented in the service’s electronic systems, including care notes from all internal services the consumer may access. Management advised, and provided documentation confirming, that each consumer's goal plan is available upon request.

The service was able to demonstrate that whilst care and services are reviewed regularly, when circumstances change or when incidents impact on the needs, goals, or preferences of the consumer, these are not consistently documented. Not all consumers and/or care partners interviewed could recall a review of the consumer’s care and services had been undertaken. This was confirmed through goal planning documentation viewed by the Assessment Team.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | **Not applicable** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Not applicable** |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | **Not applicable** |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | **Not applicable** |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | **Not applicable** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Not applicable** |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | **Not applicable** |

Findings

All individual requirements within Standard 3 were not applicable, therefore Standard 3 is not applicable and was not assessed as part of the Quality Audit.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | **Compliant** |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | **Compliant** |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | **Compliant** |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | **Compliant** |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | **Not applicable** |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | **Not applicable** |

Findings

The service was able to demonstrate consumers get safe and effective services and support for daily living that meet the consumer’s needs, goals, and preferences, and optimise their independence, health, well-being and quality of life. Consumers and/or the care partners advised consumers are supported to live independently through the varied services they receive. Staff and management demonstrated services provided to consumers and care partners were tailored to their needs, goals, and preferences, and optimised their independence, wellbeing, and quality of life.

The service was able to demonstrate services and supports for daily living promote consumers’ emotional, spiritual, and psychological wellbeing. Consumers stated the services provided promote their psychological wellbeing and supported them emotionally. Staff and management demonstrated how they support consumers emotionally and promote their psychological wellbeing. This was confirmed through observations by the Assessment Team.

The service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social and personal relationships, and do things of interest to them. Consumers and care partners advised the services provided enables them to take part in their community and do things of interest to them. Staff and management described how the service assists consumers and care partners to participate in their community, maintain social relationships and do the things of interest to them.

The service was able to demonstrate that information about consumers’ needs, conditions, goals, and preferences is documented and communicated within the organisation, and with other organisations where responsibility for care is shared. Staff and management described ongoing communication with consumers and/or their care partners, however, management acknowledged there is no policies or processes to share information with third parties ongoingly. Management advised information is shared only with the consumer and/or care partner's consent.

The service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers and care partners. Consumers and care partners interviewed in relation to this requirement confirmed they were referred to additional support services when required. Staff described processes to refer consumers and/or care partners to other organisations and this was confirmed through goal planning documents viewed for sampled consumers.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | **Compliant** |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | **Compliant** |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | **Compliant** |

Findings

The service was able to demonstrate the environment was welcoming, easy to navigate and optimises each consumer’s sense of belonging, independence, interaction and function. Consumers and care partners who attend carer support groups confirmed they felt welcome when they attend the groups. Staff and management described how they ensure consumers feel welcome. Observations confirmed the head office where the Glenside carer support groups is located was welcoming, easy to understand and functional.

The service was able to demonstrate the environment, is safe, clean, well maintained and comfortable and enables consumers to move freely, both indoors and outdoors. Consumers and care partners confirmed they feel safe when attending carer support groups. Staff and management described processes to risk assess venue assessments for external service environments and preventative and reactive maintenance for the Glenside service environment.

The service was able to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Consumers and care partners interviewed in relation to this requirement confirmed furniture and equipment are suitable and cleaned regularly. Staff and management described processes to ensure service equipment is safe, clean and well maintained. This was confirmed through observations and documentation.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | **Compliant** |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | **Compliant** |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | **Compliant** |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | **Compliant** |

Findings

The service was able to demonstrate consumers and their care partners are encouraged and supported to provide feedback and make complaints. All consumers and care partners interviewed stated they are actively encouraged to provide feedback to the service. Staff and management described their processes for encouraging and obtaining feedback from consumers regarding the services delivered. All consumers and care partners interviewed advised, in various ways, how they felt encouraged and supported to provide feedback and staff would be very responsive if any issues are identified. They advised they would discuss any concerns with their allocated staff member.

The service was able to demonstrate that consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Staff and management discussed processes to ensure consumers have access to advocates and language services if required, and consumers are made aware of other methods for raising and resolving complaints. Staff advised they are aware of translating and interpreting services, and external complaints avenues, and support and advocate for consumers and care partners to raise concerns for external services through the relevant complaint bodies.

The service was able to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Consumers and/or care partners stated that the service would act on feedback provided. While management described how consumer feedback is addressed and documented for consumers and/or care partners, documentation showed that complaints were not consistently documented and actioned in a timely manner and elements of open disclosure were not consistently implemented to ensure satisfactory resolution for complainants. The service has a policy and procedure to guide staff in the management of complaints.

The service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. Consumers and care partners interviewed advised they were not able to comment regarding this requirement as they had not provided formal feedback to the service. Staff and management described how the service used consumers’ feedback and complaints to improve the quality of services. This was confirmed through documentation viewed by the Assessment Team. Management advised that a report of key trends from the Feedback Register is reviewed monthly by the Executive Team and trends identified as systemic are entered into the PCI. The Assessment Team viewed the PCI that was comprehensive in nature to improve services and outcomes for consumers and their care partners.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | **Compliant** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **Compliant** |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | **Compliant** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Compliant** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Compliant** |

Findings

Requirement 7(3)(a)

The Assessment Team analysed evidence and concluded the service was not able to demonstrate the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality services. The service could not consistently meet the needs of consumers and provide carer support groups due to staffing deficiencies. Consumers and care partners described they have not been able to attend rural carer support groups since their cessation and have experienced wait times without services. Management described their ongoing efforts to recruit and onboard staff in rural areas whilst working with the available workforce to continue delivering services during the recruitment phase.

The services response shows My Aged Care Portals in the regions where they have the largest numbers of clients waiting for service have now been closed. This will allow the service time to clear the backlog of clients, while empowering clients seeking specialised support services to choose to an alternative provider.

The services response shows during the Quality Audit, the service presented evidence that demonstrated numerous unsuccessful recruitment attempts to recruit suitability skilled and qualified staff to take up vacant CHSP funded Dementia Support Specialist positions in some regional areas of SA, this evidence was analysed and noted by the Assessment Team. The services response shows the service is currently actively undertaking recruitment activities in these regions to support the delivery of Specialised Support Services.

The services response shows while there are vacancies in staffing, CHSP funded Dementia Support Specialists are continuing to provide services to clients in these regions through active outreach, online and telephone services. Additionally, in locations where the service is currently unable to provide delivery of face-to-face carer support groups, all impacted clients have been offered an opportunity to join an online carer support group to enable them to continue accessing peer support and education.

The Decision Maker notes the services response shows they have previously, and continue to, undertake significant recruitment action in an attempt to obtain suitability skilled and qualified staff for regional areas. The services response shows they have implemented measures to minimise and mitigate risk and made every effort to ensure services are available in some form for consumers in these regional areas while recruitment is undertaken. The Decision Maker has weighed the Assessment Teams evidence against the services response and determines Requirement 7(3)(a) to be compliant.

Requirement 7(3)(b) to 7(3)(e)

The service was able to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identify, culture and diversity. All consumer and care partners said staff are kind and caring when delivering services. Staff, and management were observed talking about consumers in a kind and respectful manner to the Assessment Team when describing how services are delivered. The Assessment Team viewed the Feedback Register which documented many compliments about services and made no mention of any complaints regarding staff conduct towards consumers. The Assessment Team viewed Job Descriptions for various positions within the service, and noted they highlighted the service’s responsibilities which include applying and upholding the principles of respect, inclusiveness and diversity within the workplace.

The service was able to demonstrate that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. All consumers and care partners described staff delivering services as competent. Staff advised they are provided adequate training which enables a competent workforce at the point of service delivery. Management described how they ensure staff have appropriate training and skills to effectively deliver services. Staff advised how they complete their mandatory training requirements and described how the service supports them to ensure they are competent within their roles. Management advised they assess for workforce competency during recruitment and monitor this ongoingly through a variety of ways including mandatory training, fortnightly supervision meetings, induction and performance appraisals.

The service was able to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Aged Care Quality Standards. Staff described in various ways how the service supports them to perform their role through fortnightly supervision, training and induction. Management described how the service monitors for changes in aged care requirements and has developed a mandatory training schedule to educate and support its workforce. All staff interviewed described, and documentation confirmed, how they were supported by the service through induction, mandatory training, fortnightly supervision, and bi-monthly case reviews. Management advised, and documentation confirmed, how the service monitors for changes in aged care legislation at a national level and notifies its workforce with the relevant information on their intranet. Staff advised and documentation confirmed that training was completed on Serious Incident Response Scheme (SIRS) to update them on the reporting requirements. Management advised the service has a Development Team that works with the Client Leadership Team to identify and source training required for the workforce. Documentation confirmed how they use a Professional Development Plan to highlight the required training for completion and have effective methods to monitor staff attendance.

The service was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. All staff confirmed they had undergone an annual performance review to support them in their roles. Management described their process for regular assessment and monitoring of staff performance. All staff stated that they had received a recent formal performance appraisal with their supervisor and engage in fortnightly supervision meetings to discuss their progress. Staff described how they set goals, discussed their performance and identified training needs. Management advised how they assess the performance of the workforce by completing annual performance appraisals. Newly recruited staff undergo a 3-month and 6-month probation review to ensure they are meeting expectations highlighted within the job description and capabilities. The Assessment Team viewed completed performance appraisals and probation reviews which demonstrated that staff performance is measured.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | **Compliant** |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | **Compliant** |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | **Compliant** |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | **Compliant** |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | **Not applicable** |

Findings

The organisation was able to demonstrate consumers and care partners are engaged in the development, delivery and evaluation of services. Consumers and care partners described how they have input about services provided. Management and staff described how consumer feedback received through formal and informal channels is used to influence the delivery of services. Consumers and care partners sampled described in various ways the how they engage with the organisation through feedback, surveys and discussion with staff providing services. Consumers and care partners sampled described in various ways the how they engage with the organisation through feedback, surveys and discussion with staff providing services. Management described, and documentation confirmed the various ways the service engages with consumers to inform the development and delivery of services.

The service was able to demonstrate the organisation promotes a culture of safe, inclusive, and quality care and services, and is accountable for their delivery. The service has various methods to ensure the organisation is accountable for the safe and quality delivery of care and services. Management described the governance structure, reporting process, and documentation confirmed how information is communicated to the governing body through regular Board meetings. The organisation demonstrated effective reporting to the governing body to ensure the delivery of safe services. The Board Pack included information such as the Chief Executive Officer (CEO) report, discussion about continuous improvements, updates regarding industry reforms, and a Risk and Compliance Report that highlighted consumer incidents and feedback. The organisation has a Governance System Summary which defines the roles and responsibility of the Board including strategic planning, finance management, and the monitoring of compliance and performance.

The organisation was able to demonstrate an established, documented and effective organisation-wide governance system in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints.

*Information Management*

The service has an effective policy on privacy and confidentiality, and informed consent which describes how consumers’ personal information is stored, accessed and protected. Policies and procedures are accessible by all staff on the service’s intranet. Management advised and staff confirmed that the workforce can assess the relevant consumer information at the point of service delivery including goals plans and home risk assessments. The Assessment Team noted that while goal planning was generally completed for most consumers, information was not consistently documented across the service. Management advised, and board documentation confirmed the organisation plan to implement a national Customer Relationship Management (CRM) system. The new platform will improve the storage of consumer documentation, accessibility of information and provide system alerts for goal plan reviews. The organisation has begun a roll out of a pilot system and intends to complete the implementation by June 2024.

*Continuous Improvement*

The organisation’s PCI identifies opportunity for service improvements through consumer feedback, internal staff survey and system improvements. The PCI outlines how improvements are identified, the desired outcomes, planned actions, persons responsible, estimated completion date, and tracks the status of the improvement. The PCI showed that the service identified a range of improvements recommended from previous Aged Care Quality and Safety Commission (ACQSC) Quality Audits. The organisation seeks improvements through the consumer-based Dementia Australia Advisory Committee and conducts bi-annual staff and consumer surveys to prompt suggestion for improving the service.

*Financial Governance*

The Board provides governance and oversight to the financial position of the organisation. The FARM committee reviews and reports on the organisation’s finances monthly and third-party financial auditing is conducted annually in accordance with legislative requirements with the Australian Charities and Not-for-profits Commission. Management advised, and documentation confirmed, that the finances and CHSP services outputs are reported to the Finance Team monthly and discussed with the governing body. The organisation has a FARM committee which meet between Board meetings to provide financial expertise and management through monthly reports.

*Workforce governance, including the assignment of clear responsibilities and accountabilities*

The organisation has effective systems and processes to ensure the workforce is competent and has the knowledge to effectively perform their roles. The service has developed a Professional Development Plan to ensure the workforce is trained and supported to deliver the outcomes required by the Aged Care Quality Standards. The service has an effective Recruitment Selection Policy, Capability Framework and job descriptions for various roles which guide the organisation to successfully screen and recruit a workforce that is responsible to deliver safe and quality services.

*Regulatory Compliance*

The organisation has a National Policy Team which ensures up to date monitoring of changes in regulations and requirements. New requirements are escalated to the Board through Risk and Compliance Reports and communicated through the organisation by amending policies and publishing information on the service’s intranet. Management advised and documentation viewed demonstrated how the service ensures that staff have the required qualifications and police clearances to provide specialised support services in accordance with the CHSP Manual. The Assessment Team noted that service does not require staff to complete first aid and Cardiopulmonary Resuscitation (CPR) certification. Management justified their decision by citing information from the Department of Health and Aged Care. Given the unique service model of the organisation, staff are not in direct care roles and therefore not required to undertake first aid training.

*Feedback and Complaints*

Management advised, and documentation confirmed, that the organisation summarises feedback and complaints within their folio system, and this is included in the Risk and Compliance Reports for review by the governing body. The organisation engages in additional methods to capture consumer feedback and complaints including bi-monthly surveys. The organisation has resources to support the workforce to manage and resolve complaints such as feedback and complaints policy, advocacy use policy and user guides to input feedback into the services folio system. – *End of ‘feedback and complaints’ heading.*

The service was able to demonstrate effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents.

*Managing high-impact or high-prevalence risks associated with the care of consumers*

Management advised how the organisation assesses for vulnerable or at-risk consumers during onboarding by completing goal plans and home risk assessments. If the service identifies high risk or vulnerable consumers, they will refer to other organisation so they can receive the care and services required.

*Identifying and responding to abuse and neglect of consumers*

The service demonstrated processes are in place to identify and respond to elder abuse and neglect. The service has Risk of Harm Policy which contains information about elder abuse and supports the workforce to utilise external resources through organisations such as ELDERHelp. Completed Training Records confirmed that staff have been provided training on elder abuse and neglect to enable the workforce to identify, assess and manage risks to consumers. Staff confirmed that additional face to face training has been provided by a representative from the Adult Safeguarding Unit.

*Supporting consumers to live the best life they can*

Staff advised how the process of dignity of risk is discussed in the Dementia Essentials unit of competency which is undertaken at induction. This supports staff to assist consumers to manage risks and continue to partake in things of interest to them. Management and staff described how the delivery of services assist consumers and care partners to access education and advice to live the best life they can.

*Managing and preventing incidents, including the use of an incident management system*

Management stated, and documentation confirmed, that the organisation updated its Incident Management Policy to include information on the Serious Incident Response Scheme (SIRS). Completed Training Records observed by the Assessment Team confirmed that the organisation provided staff with training and information to inform them of the reporting requirements. Management described, and the Assessment Team viewed an effective incident management process, including the reporting from staff into the folio system, escalation to management, and the investigation and analysis to manage and prevent incidents.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)